STATE OF NEW YORK

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2025-2026 Regular Sessions

IN ASSEMBLY

April 24, 2025

Introduced by M. of A. OTIS, BUTTENSCHON, CLARK, LUPARDO, SANTABARBARA, EACHUS, LEVENBERG, KELLES, BENDETT, LUNSFORD, BURDICK, MAHER, SIMPSON, ANGELINO, SHIMSKY, BARRETT, GLICK, BLUMENCRANZ, DeSTEFANO, REYES, JACOBSON, STECK, SEAWRIGHT, GRAY, BLANKENBUSH, GALLAHAN -- Multi-Sponsored by -- M. of A. DAVILA, WOERNER -- read once and referred to the Committee on Local Governments

AN ACT to amend the general municipal law and the public health law, in relation to emergency medical services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The opening paragraph of subdivision 1 of section 122-b of the general municipal law, as amended by chapter 471 of the laws of 2011, is amended and a new paragraph (g) is added to read as follows:

[~~Any~~] **General ambulance services are an essential service. Every** county, city, town [~~or~~] **and** village, acting individually or jointly **or in conjunction with a special district**, [~~may provide~~] **shall ensure that** an emergency medical service, a general ambulance service or a combination of such services **are provided** for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the municipality or the municipalities acting jointly to a hospital, clinic, sanatorium or other place for treatment of such illness or injury, [~~and for~~] **provided, however, that the provisions of this subdivision shall not apply to a city with a population of one million or more. In furtherance of** that purpose**, a county, city, town or village** may:

(g) Establish a special district for the financing and operation of general ambulance services, including support for agencies currently providing EMS services, as set forth by this section, whereby any county, city, town or village, acting individually, or jointly with any other county, city, town and/or village, through its governing body or bodies, following applicable procedures as are required for the estab-

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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lishment of fire districts in article eleven of the town law or following applicable procedures as are required for the establishment of joint fire districts in article eleven-A of the town law, with such special district being authorized by this section to be established in all or any part of any such participating county or counties, town or towns, city or cities and/or village or villages. Notwithstanding any provision of this article, rule or regulation to the contrary, any special district created under this section shall not overlap with a pre-existing city, town or village ambulance district unless such existing district is merged into the newly created district. No city, town or village shall eliminate or dissolve a pre-existing ambulance district without express approval and consent by the county to assume responsibility for the emergency medical services previously provided by such district. When a special district is established pursuant to this article, the cities, towns, or villages contained within the county shall not reduce current ambulance funding without such changes being incorporated into the comprehensive county emergency medical system plan.

§ 2. Section 3000 of the public health law, as amended by chapter 804 of the laws of 1992, is amended to read as follows:

§ 3000. Declaration of policy and statement of purpose. The furnishing of medical assistance in an emergency is a matter of vital concern affecting the public health, safety and welfare. Emergency medical services and ambulance services are essential services and shall be available to every person in the state of New York in a reliable manner. Prehospital emergency medical care, other emergency medical services, the provision of prompt and effective communication among ambulances and hospitals and safe and effective care and transportation of the sick and injured are essential public health services and shall be available to every person in the state of New York in a reliable manner.

It is the purpose of this article to promote the public health, safety and welfare by providing for certification of all advanced life support first response services and ambulance services; the creation of regional emergency medical services councils; and a New York state emergency medical services council to develop minimum training standards for certified first responders, emergency medical technicians and advanced emergency medical technicians and minimum equipment and communication standards for advanced life support first response services and ambulance services.

§ 3. Subdivision 1 of section 3001 of the public health law, as amended by chapter 804 of the laws of 1992, is amended to read as follows:

1. "Emergency medical service" means [~~initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies~~] a coordinated system of healthcare delivery that responds to the needs of sick and injured adults and children, by providing: essential care at the scene of an emergency, non-emergency, specialty need or public event; community education and prevention programs; ground and air ambulance services; centralized access and emergency medical dispatch; training for emergency medical services practitioners; medical first response; mobile trauma care systems; mass casualty management; medical direction; or quality control and system evaluation procedures.

§ 4. The public health law is amended by adding a new section 3019 to read as follows:

§ 3019. Statewide comprehensive emergency medical system plan. 1. The state emergency medical services council, in collaboration and with

final approval of the department, shall develop and maintain a statewide comprehensive emergency medical system plan that shall provide for a coordinated emergency medical system within the state, which shall include but not be limited to:

(a) establishing a comprehensive statewide emergency medical system, consisting of facilities, transportation, workforce, communications, and other components to improve the delivery of emergency medical service and thereby decrease morbidity, hospitalization, disability, and mortality;

(b) improving the accessibility of high-quality emergency medical service;

(c) coordinating professional medical organizations, hospitals, and other public and private agencies in developing alternative delivery models for persons who are presently using emergency departments for routine, nonurgent and primary medical care to be served appropriately and economically, provided, however, that the provisions of this subdivision shall not apply to a city with a population of one million or more; and

(d) conducting, promoting, and encouraging programs of education and training designed to upgrade the knowledge and skills of emergency medical service practitioners throughout the state with emphasis on regions underserved by or with limited access to emergency medical services.

2. The statewide comprehensive emergency medical system plan shall be reviewed, updated if necessary, and published every five years on the department's website, or at such earlier times as may be necessary to improve the effectiveness and efficiency of the state's emergency medical service system.

3. Each regional emergency medical services council shall develop and maintain a comprehensive regional emergency medical system plan or adopt the statewide comprehensive emergency medical service system plan, to provide for a coordinated emergency medical system within the region. Such plans shall incorporate all ambulance services with a current EMS operating certificate for response to calls in their designated operating territory and shall be subject to review by the state emergency medical services council and final approval by the department. Any proposed permanent changes to the regional emergency medical system plan, including the dissolution of an ambulance services district or other significant modification of existing coverage shall be submitted in writing to the department no later than one hundred eighty days before the change shall take effect. Such changes shall not be made until receipt of the appropriate departmental approvals.

4. Each county shall develop and maintain a comprehensive county emergency medical system plan that shall provide for a coordinated emergency medical system within the county, to provide essential emergency medical services for all residents within the county. The county office of emergency medical services shall be responsible for the development, implementation, and maintenance of the comprehensive county emergency medical system plan. Such plans may require review and approval, as determined by the state emergency medical services council, by such council, the regional emergency medical services council and approval by the department. Such plan shall incorporate all ambulance services with a current EMS operating certificate for response to calls in their designated operating territory and shall outline the primary responding agency for requests for service for each part of the county. Any proposed permanent changes to the county emergency medical system plan, including the

dissolution of an ambulance services district or other significant modification of existing coverage shall be submitted in writing to the department no later than one hundred eighty days before the change shall take effect. Such changes shall not be made until receipt of the appropriate approvals. No county shall remove or reassign an area served by an existing medical emergency response agency where such agency is compliant with all statutory and regulatory requirements, and has agreed to the provision of the approved plan.

§ 5. The public health law is amended by adding a new section 3019-a to read as follows:

§ 3019-a. Emergency medical systems training program. 1. The state emergency medical services council shall make recommendations to the department for the department to implement standards related to the establishment of training programs for emergency medical systems that include but are not limited to students, emergency medical service practitioners, emergency medical services agencies, approved educational institutions, geographic areas, facilities, and personnel, and the commissioner shall fund such training programs in full or in part based on state appropriations. Until such time as the department announces the training program established pursuant to this section is in effect, all current standards, curricula, and requirements for students, emergency medical service practitioners, agencies, facilities, and personnel shall remain in effect.

2. The state emergency medical services council, with final approval of the department, shall establish minimum education standards, curricula, and requirements for all emergency medical system educational institutions. No person or educational institution shall profess to provide emergency medical system training without meeting the requirements set forth in regulation and only after approval of the department.

3. The department is authorized to provide, either directly or through contract, for local or statewide initiatives, emergency medical system training for emergency medical service practitioners and emergency medical system agency personnel, using funding including but not limited to allocations to aid to localities for emergency medical services training.

4. Notwithstanding any other provisions of this section, the regional emergency medical services council with jurisdiction over the city of New York shall have authority to establish, subject to the approval of the commissioner, training and educational requirements which shall apply to all emergency medical practitioners working in the 911 system of the city of New York and to determine protocols for the delivery of emergency medical care, including those related to staffing, in the 911 system of the city of New York. Such training and educational requirements and protocols for the delivery of care shall be at least equal or comparable to those applicable to emergency medical service practitioners in other areas of the state.

5. The department may visit and inspect any emergency medical system training program or training center operating under this article to ensure compliance. The department may request the state or regional emergency medical services council's assistance to ensure the compliance, maintenance, and coordination of training programs. Emergency medical services institutions that fail to meet applicable standards and regulations may be subject to enforcement action, including but not limited to revocation, suspension, performance improvement plans, or restriction from specific types of education.

§ 6. Section 3020 of the public health law is amended by adding three new subdivisions 3, 4 and 5 to read as follows:

3. The department, with the approval of the state emergency medical services council, may create or adopt additional standards, training and criteria to become an emergency medical service practitioner credentialled to provide specialized, advanced, or other services that further support or advance the emergency medical system. The department, with approval of the state emergency medical services council may also set standards and requirements to require specialized credentials to perform certain functions in the emergency medical services system.

4. The department, with approval of the state emergency medical services council may also set standards for emergency medical system agencies to become accredited in a specific area to increase system performance and agency recognition.

5. Notwithstanding any other provisions of this section, the regional emergency medical services council with jurisdiction over the city of New York shall have authority to establish, subject to the approval of the commissioner, training and educational requirements which shall apply to all emergency medical practitioners working in the 911 system of the city of New York and to determine protocols for the delivery of emergency medical care, including those related to staffing, in the 911 system of the city of New York. Such training and educational requirements and protocols for the delivery of care shall be at least equal or comparable to those applicable to emergency medical service practitioners in other areas of the state.

§ 7. This act shall take effect six months after it shall have become a law.